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March 24, 2005

VIA U.S. MAIL

Technology Center 3600
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

RE: **Renewed Petition to Make Special** for nonprovisional utility patent application titled "Drill Bit Cone Protector"; Attorney Docket: **OCI807**, **Application No. 10/822,262**

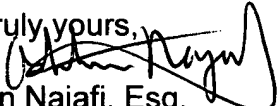
To Whom It May Concern:

Applicant's Petition to Make Special (Applicant's Age) dated April 12, 2004 was dismissed December 3, 2004. Due to the relocation of the Attorney of Record's Office, Applicant never received the Decision on Applicant's Petition. The Decision to Dismiss was based on lack of evidence of applicant's age. Applicant respectfully submits a copy of Applicant's birth certificate was attached to and submitted with the Petition.

In a phone conversation on March 23, 2005, Randolph A. Reese, Special Programs Examiner, indicated that, under the circumstances, a renewed petition would be granted if submitted with proper evidence of Applicant's age. Accordingly, Applicant respectfully requests the above-referenced application, previously submitted, be made special and examined out of turn, per 37 C.F.R. 1.102(c). This renewed petition includes a copy of applicant's birth certificate as evidence showing applicant is over 65 years of age, a copy of Applicant's return receipt postcard indicating the filing of the original Petition, and a copy of the Decision On Petition To Make Special. No fee is required with such a petition.

Should any questions arise, please contact the undersigned attorney of record.

Very truly yours,


Ashkan Najafi, Esq.
Registered Patent Attorney
Registration Number: 49,078
Customer Number: 34356

Enclosures

CERTIFICATION OF VITAL RECORD

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1 PLACE OF BIRTH		TEXAS STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH				34575	
STATE OF TEXAS						Register No.	
County of <u>Brewer</u>							
City or Precinct No. <u>Bartlett</u>		No. _____ St. _____					
		If in an Institution, give name of Institution instead of Street and No.					
2 FULL NAME OF CHILD <u>Raymond Wade Pace</u>						If child is not yet named, make supplemental report, as directed	
3 Sex <u>Male</u>	If plural <u>Births</u>	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>5/26/33</u>		
		5. Number, in order of birth _____	Full term _____		(Month, day, year)		
9. Full name <u>FATHER</u> <u>Ernest Pace</u>				18. Full maiden name <u>MOTHER</u> <u>Drina West</u>			
10. Residence (usual place of abode) <u>Bartlett</u>				19. Residence (usual place of abode) <u>Bartlett</u>			
(If nonresident, give place and State)				(If nonresident, give place and State)			
11. Color <u>White</u>		12. Age at last birthday <u>22</u> (years)		20. Color <u>White</u>		21. Age at last birthday <u>19</u> (years)	
13. Birthplace (city or place) <u>Brewer Co</u>		22. Birthplace (city or place) <u>Brewer Co Tex</u>					
(State or country)		(State or country)					
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____			
16. Date (month and year) last engaged in this work _____				25. Date (month and year) last engaged in this work _____			
17. Total time (years) spent in this work _____				26. Total time (years) spent in this work _____			
27. Number of children of this mother (At time of this birth and including this child) _____				(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>None</u> (c) Stillborn <u>None</u>			
28. If stillborn, period of gestation _____ months _____ or weeks _____				29. Cause of stillbirth _____ Before labor _____ During labor _____			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>5 A.</u> M. on the date stated above.							
When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.							
Give name added from a supplemental Report _____				Address <u>Bartlett Tex</u>			
19 _____				6-2 33 <u>J. M. Carlisle</u>			
REGISTRAR				REGISTRAR			
(24) Were prophylactic precautions taken at time of birth to prevent ophthalmia neonatorum? Yes _____ No _____							

K291704



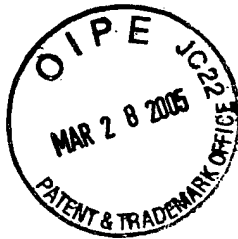
This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED DEC 16 2003

Debra F. Owens
DEBRA F. OWENS
STATE REGISTRAR



TOTAL P.01



RECEIVED APR 20 2004

THE DATE STAMPED HEREON
ACKNOWLEDGES RECEIPT BY
THE U.S. PATENT & TRADEMARK
OFFICE OF THE FOLLOWING
MATERIAL:

APPLICANT: Raymond W. Pace
TITLE: Drill Bit Cone Protector
ATTY DOCKET NO: OCT 807

- 19270 U.S. PTO
10/822262
- ☒ Utility Patent transmittal letter
☐ Design Patent transmittal letter
☐ Issue Fee
☒ Nonpublication request form
☒ Fee transmittal letter (claiming small entity status)
☒ Specification, Claims, and Abstract (10 pages)
☒ 4 sheets of drawings (4 FIGS)
☒ Executed declaration and power of attorney
☒ Information disclosure statement by applicant
☐ Copies of cited references
☒ ☒ credit card authorization in the amount of \$ 385.00
☒ Certificate of Mailing
☐ Amendment in response to OA dated _____
☐ Drawing modifications

☒ Petition To make SPECIAL